

**NEIGHBORHOOD ASSISTANCE PROGRAM  
QUARTERLY REPORT**

Quarterly Reports must be submitted quarterly until the project fundraising period has expired and all NAP donations have been spent.

ORGANIZATION NAME		NAP PROJECT NUMBER	
FUNDRAISING PERIOD		QUARTER	
BEGINNING	ENDING	BEGINNING	ENDING
NAP BUDGET IN DOLLARS	AUTHORIZED CREDITS	NAP CONTRIBUTIONS RECEIVED TO DATE	TOTAL NAP CONTRIBUTIONS SPEND TO DATE
PERFORMANCE TARGETS			ACTUAL # SUCCESSFUL TO DATE
PLEASE NOTE ANY SUCCESSES, PROBLEMS OR QUESTIONS. ATTACH ANY CHANGE REQUESTS (EXTENSION, BUDGET AMENDMENT, OUTCOMES/TARGETS).			
PROJECT DIRECTOR SIGNATURE			DATE